Protein s 1 & 2

Antimalaria

Antihelmithic

Antiviral 2

TB

Ospe

Percsription 1

Picture and Q

نظري

Tetracyclines)**<u>30 S ribosomal</u>** subunits → ↓ ***<u>Protein synthesis</u>*.**(

Adverse effect : Teeth & Bone Abnormalities: If Tetracyclines are taken during pregnancy & early childhood → Chelated by Ca^{+2} & deposited in newly formed teeth & Bone:

a. Teeth: Permanent yellow-brown discoloration & Enamel dysplasia.
b. Bone: Deformity & inhibition of growth.
c. Tetracyclines should be avoided during pregnancy, lactation & in children up to 8 years.

Chloramphenicol)**<u>50 S ribosomal</u>** subunits → ↓ ***<u>Protein synthesis</u>*.**(

adverse Effects : ***<u>Gray Baby Syndrome</u>*** : In premature neonates, Chloramphenicol is NOT properly metabolized → Cummulation → Toxicity → Vomiting, hypotension, hypothermia, hypotonia, shock, collapse & grey discoloration of skin.

<u>Bone Marrow Inhibition</u> → Blood dyscrasias:

a. Reversible dose-dependent inhibition of Erythropoiesis due to inhibition of mitochondrial protein synthesis.
b. Fatal aplastic anemia which is irreversible, dose-independent and may be idiosyncrasy.

Aminoglycosides)**<u>30 S ribosomal</u>** subunits → ↓ ***<u>Protein synthesis</u>*.**(

3. Adverse effect: ***<u>Neuromuscular blockade</u>****:*

It is rare. ***A curare-like block*** may occur at high doses of aminoglycosides and may result in **respiratory pralaysis**. It is usually reversible by treatment with calcium and neostigmine, but ventilatory support may be required.

<u>Nephrotoxicity</u>

<u>Ototoxicity</u>

Macrolides)**<u>50 S ribosomal</u>** subunits → ↓ ***<u>Protein synthesis</u>*.**(

<u>Clindamycin</u>)**<u>50 S ribosomal</u>** subunits → ↓ ***<u>Protein synthesis</u>*.**(

Streptogramin)**<u>50 S ribosomal</u>** subunits → ↓ ***<u>Protein synthesis</u>*.**(

1st line drug

Rifampicin

2. Isoniazid (INH)

3. Pyrazinamide

4. Ethambutol.

Rifampicin :

<u>Mechanism</u>

It binds and inhibits DNA-dependent RNA polymerase inhibition of RNA synthesis.

<u>Adverse effects</u>:

Red discoloration of urine, tears, sputum and soft contact lenses

Anti viral 2

Hepatitis c

- ***Sofosbuvir (Sovaldi) The first available inhibitor of NS5B RNA dependent RNA polymerase the key enzyme mediating HCV RNA replication.***
- ***(Ledipasvir) inhibits an important viral phosphoprotein, NS5A, which is involved in viral replication, assembly, and secretion. .***

<u>Drug interactions</u>

- **1- Coadministration of amiodarone with HARVONI is not recommended serious symptomatic <u>bradycardia</u>.** Bradycardia generally resolved after discontinuation of HCV treatment.
- **2- Coadministration of HARVONI with rosuvastatin is not recommended increase the concentration of rosuvastatin which is associated with increased risk <u>of myopathy</u>**
- **3- Coadministration of HARVONI with: carbamazepine, phenytoin, phenobarbital, decrease the concentration of ledipasvir and sofosbuvir, leading <u>to reduced therapeutic effect of HARVONI.</u>**
- **4- Coadministration of HARVONI with rifampin, a P-gp inducer, is not recommended. Ledipasvir and sofosbuvir are substrates of drug transporters P-gp. P-gp inducers (e.g., rifampin or St. John's wort)**

  to <u>reduced therapeutic effect of HARVONI</u>

P. ovale, P. vivax	P. falciparum	
Relapse	• most **dangerous** (encephalopathy & renal failure) • **Resistance**	
Chloroq + Primaqu	Chloroq	
	Chloroquine Sensitive Falciparum	Chloroquine Resistant Falciparum

Chloroquine Sensitive

	Treatment	Prophylaxis
Chloroquine Sensitive	Chloroquine + Primaquine (in vivax & ovale to prevent relapse)	
	Atovaquone + Proguanil	
Chloroquine resistant	Mefloquine	
Quinine	Quinine + Doxycycline	
	Doxycycline	
	Artemisinin + Fansidar or Lumifantrene	

Chloroqui



Quinine

treatment not in prophylaxis (toxic) بنستخدمه ف العلاج بس علشان اعراضه

Mefloquine
treatment & prophylaxis (less toxic)

essay
Luminal amebicides

1) **Diloxanide furoate**
2) **Paromomycin**

Systemic Amebicides

1) **Chloroquine**
2) **Emetine and dehydroemetine**

Chloroquine + metronidazole + diloxanide furoate to treat and prevent amebic liver abscesses

Macrolid بديل penicillin ospe

Rifampicin

Red discoloration of urine, tears, sputum and soft contact lenses

Chloroquine + metronidazole + diloxanide furoate to treat and prevent **amebic liver abscesses**.

Quinine

treatment not in prophylaxis (toxic) بنستخدمه ف العلاج بس علشان اعراضه

Mefloquine
treatment & prophylaxis (less toxic)

Hepatitis c

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